

Client: _____ Child in Need of Care

DOB: _____ Age: _____ Male/ Female

Social Security #:

Grade: _____ School:

Phone#: _____ Msg.#:

Mailing Address:

Probation Officer:



_____ Case Number:

Physical Address: _____ File Number:

_____ Nick Name:

E-Mail Address: _____ Tribal Member: ☐ Yes ☐ No

WHO HAS CUSTODY OF CHILD:

CHILD LIVES WITH: BOTH PARENTS MOTHER FATHER

GRANDPARENTS AUNT UNCLE

OTHER:

Mother: _____ Father:

Mailing Address: _____ Mailing Address:

Physical Address: _____ Physical Address:

Employment: _____ Employment: _____

_____ WK# _____

WK# _____

Phone #: _____ Phone #:

Msg #: _____ Msg #:

Siblings: _____ Age:

_____ Age:

_____ Age:

Age: _____

Maternal Grand Parents:

Paternal Grand Parents:

Hobbies: _____

—
Extra Curricular Activities:

Other:

ADD: Abacus "Names" _____ Storage: "Open & Closed Cases" _____ Index Card _____
Storage: Case CNC "Opened File" Year _____ Made Appointment _____

Computer File: Storage/Legal Aid Cases/Yr. _____/Name:
